

find is that markets are closed to them in many corners of the world. So we raise a product we want to sell overseas and the markets are closed. Or if you raise, for example, beef, you will discover not only are the markets closed in some areas, but in other areas, such as Japan, you will pay a 45-percent tariff to get American beef into Japan, only to find out that the Canadian beef—both live cattle and hogs, and slaughtered beef and hogs—coming down is increasing at a very rapid pace. So we have grain and livestock coming in undercutting our markets. We find foreign markets are not open to us, and we have all of these trade negotiators running around doing trade agreements that have undercut our agriculture producers.

We need a farm program that works and trades policies that make more sense than the current policies. I voted against NAFTA and the United States-Canada free trade agreement, and I voted against the GATT agreement. I did all of that because I think that, while we need expanded trade, we do not, and should not, embrace trade agreements that are fundamentally unfair to rural America.

I recall when I was on the House Ways and Means Committee and the United States-Canada free trade agreement came to the committee, and the Trade Ambassador, who I won't name—Clayton Yeutter—said to us that the trade agreement itself would not result in a massive flood of Canadian grain coming across our border. I said, well, I think it will, and you know it will. "Put it in writing," I said. The Trade Ambassador wrote to us on the committee guaranteeing that it would not happen. It wasn't worth the paper it was written on.

It happened, and it happened quickly. Not only did it happen—massive quantities of durum and spring wheat came across our border flooding our market, undercutting the market for American farmers—but we were then neutered in our ability to respond to it because he also traded away the remedies. So we didn't have a remedy for it.

That was in the United States-Canada free trade agreement. That passed the House Ways and Means Committee 34-1. I was the one. I didn't feel lonely a bit because I knew exactly what was going to happen with the agreement. Farmers' interests were traded away. In my judgment, we ought not accept trade agreements like that, whether it is United States-Canada, NAFTA, or GATT.

Speaking of NAFTA, after the United States-Canada free trade agreement, they negotiated NAFTA. The economists were telling us what a great deal it was. After the trade agreement with Canada and Mexico, the trade surplus we had with Mexico turned into a big deficit in a short time. The trade deficit with Canada doubled in a short time. Instead of creating new jobs in this country, we lost massive numbers of jobs. All these economists who were

predicting 300,000 jobs were just fundamentally wrong. We lost a lot of jobs as a result of that.

They said if we just pass these agreements, we will get from Mexico the product of low-skill wages. Do you know what we got? The three biggest products coming in from Mexico are automobiles, electronics, and automobile parts—all products of high-skilled labor. We now have more automobiles imported into this country from Mexico than the United States exports to all the rest of the world. That is what we got with NAFTA—again, undercutting our interests, hurting a lot of producers in this country, and especially injuring family farmers.

Well, the point I am making is this: We had testimony this morning from folks who came from across the country to say we have a very serious problem in rural America. We can't fix that problem on a partisan basis. We need Republicans and Democrats together to agree that, No. 1, there is a farm crisis, and, No. 2, they are willing to do something about it, to respond on an emergency basis, and then to repair a farm program that is fundamentally deficient, which doesn't value family farming, a farm program that says it doesn't matter who farms. That, in my judgment, misses a lot of what is important in American life.

My hope is that in the next couple of days, as we offer amendments—Senator HARKIN, myself, and others—on an emergency basis, we will be able to strike a bipartisan agreement to do the right thing on behalf of family farmers. I know that it is a message that some get tired of hearing, perhaps, but I come from farm country and I care a lot about what is happening out in our part of the country.

North Dakota is a wonderful State. It has a lot of rural counties, and the fact is that not just family farmers but machinery and equipment dealers, Main Street businesses, and so many other people are suffering so much through this economic distress, even at a time when the rest of the country seems to be doing so well.

I had a letter from a young boy who talked about the distress his folks were going through while trying to hang onto their family farm. He said: My dad can feed 180 people, and he can't feed his family. He was talking about the fact that the family farm is so productive in this country, and they are losing so much money. You hear this over and over again.

This Congress, it seems to me, must respond. We are going to try to force that response, first with respect to the underlying agriculture appropriations bill with an emergency package, and, second, hopefully, to revisit and re-address the entire structure embodied in the underlying farm bill.

I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHUMER. Mr. President, I ask unanimous consent to address the body for 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### THE PATIENTS' BILL OF RIGHTS

Mr. SCHUMER. Mr. President, I am here, of course, to discuss what many of my colleagues have discussed in the past—the need for us to debate totally and openly the Patients' Bill of Rights. It is an issue of great concern to the people of my State. Everywhere I go—urban, rural, suburban—people are asking: What is happening to the Patients' Bill of Rights?

This is an issue many of us have discussed. I know this body debated it for a little while last year, but, unfortunately, things were left unresolved. It has not been left unresolved for the millions of Americans who are now having their medical policies dictated, not by their doctor, not by their nurse, not by their family, but rather by some unknown bureaucrat who has no medical education but is simply part of an HMO.

When you go to hospital after hospital throughout the State of New York and sit with doctors, you see the frustration in their eyes as they tell you story after story. They have been negotiating with these actuaries. They say to the actuary: Are you a medical doctor? How can you tell me the patient does not need this type of operation or this type of medication? They get no good medical answers. To them, it is similar to going to medical school and spending years of internship and residency and it makes very little difference.

For that reason, our health care system—by the way, I give good marks to our health care system. It has been overwhelmingly successful. The average age of Americans is higher than ever before. Not only do we live longer but we live healthier longer.

I look at my parents. Thank God. Praise God. Just last week each of them had a birthday. One is 76 and one is 71. My dad has had a few health mishaps, but he is in good health. It is in part because of our medical system. But we have been losing so many of these benefits in the last several years, because the pendulum has swung too far in the direction of the HMOs. We find more people who have had no training in medicine overruling doctors in medical procedures, because the book of standard operating procedures dictates the limited number of options. We don't want that. Most Americans don't want it.

That is why we need to debate this Patients' Bill of Rights. We need to debate its scope: Should it cover only 50 million Americans, or should it cover

closer to 150 million Americans? We need to debate its provisions: How long a review process should there be? Should it be internal or external? Should an HMO be allowed to have the last word on a life-or-death procedure that the physician believes is very much needed? Should there be a gag rule? Should physicians be ordered not to tell their patients about certain procedures or certain medications that are available? Should women have the right to choose their obstetrician and gynecologist who is often their primary care physician?

These are all important issues. I know there are Members on the other side who talk about freedom of choice. People talk about costs. I don't agree with those arguments, but I would certainly like to debate them in this distinguished Chamber.

I ran, as I know you did, Mr. President, and many others, for the Senate from the House because I thought that we would have the opportunity to debate the great issues. There was certainly no guarantee that we would win. There was certainly no guarantee that my beliefs would prevail. But I thought there was something of a guarantee—that the wide open debate the Senate has been known for for over 200 years would be guaranteed even to somebody who sits way over in this corner of the Chamber, which means you are a freshman at the bottom of the seniority pecking order. It hasn't happened.

The reason this floor is silent right now, and the reason we are not debating other bills, is that many of us believe strongly we should debate the Patients' Bill of Rights. But we also believe the ability to debate issues of importance to us—that has been a hallmark of this body—should not be extinguished, should not be snuffed out.

I would like to know answers to certain things. I would like to know answers to the kinds of examples I have heard about in my State and throughout the country.

I would like to know, for instance, what happened to a woman who had terrible back pain and required two surgeries to repair her spine. The HMO denied coverage for the \$7,000 for the second surgery. The doctor then stated to the woman that he would be committing malpractice if he didn't perform the second operation, because the whole procedure entailed two of them; the HMO said one. The patient offered to pay out of pocket. Both surgeries were done. But in this case the surgeon—a very generous person—declined to take the money from the woman. Why did that happen? Why did this physician believe so strongly that the woman needed the second surgery that was denied by the HMO?

How about an incident where a New York man slipped and cracked his skull as he was getting out of the taxi? The taxi driver called 911. The victim was rushed to an emergency room for treatment. But this episode did not have prior authorization as an emergency, so the HMO refused to pay the bill.

Again, what has happened here? Have we become so bureaucratic and so narrow in the way we practice health care in America that common sense has been thrown out the window?

Another example: An HMO denied another New Yorker who suffered from multiple sclerosis physical therapy despite the opinion of the doctor and the neurologist that this was the only way this patient could recover.

Another example: A mother called her HMO at 3:30 a.m. to report that her 6-month-old boy had a fever of 104 degrees and was panting and was limp. The hotline nurse told the woman to take her child to the HMO's network hospital 42 miles away, passing several closer hospitals. By the time the baby reached the hospital, he was in cardiac arrest and had already suffered severe damage to his limbs. As a result, both his hands and legs had to be amputated. The court found the HMO at fault. The family received a large financial settlement. As sure as we are here, that family would give back every nickel and pay more for that not to have happened.

These are not isolated examples. There are so many that it is hard to go through our jobs as Senators of the 50 States without hearing when you go to a town hall meeting, or when you go to a veterans hall, or when you go to a chamber of commerce meeting that somebody makes their complaint about this issue.

These examples need answers. I believe the answers in this bill, the Patients' Bill of Rights, are the right answers. I may be dissuaded from all or parts of that answer by my colleagues. If we don't debate the issues, we are never going to be able to determine that. If we don't debate the issues, we are not going to be able to move forward on a Patients' Bill of Rights.

If we continue in a pro forma fashion—we vote our bill; the other side votes their bill; then the issue is forgotten because we know the bill on the other side will not become law—we are not helping our constituency.

The bottom line is simple: I believe strongly we need the Patients' Bill of Rights or something close to it. My colleagues and I want to debate. We want the opportunity to debate these issues. If the other side changes our mind, so be it; if we change their mind, great.

Without debate, we will have no progress, and we will continue to hear the stories we are hearing, much to the detriment of the health care of the American people.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. I thank my colleagues for their efforts on the floor to highlight the Patients' Bill of Rights, a bill to empower people around the country who rely on HMOs and other managed care programs for their health care needs. I join them today in enthusiastic support for badly needed legislation that will expand protections

for patients who are at the mercy of managed care practices.

I strongly support the principles of improving access, quality, and accountability in the delivery of managed care. I believe we can achieve valuable patient protections by passing a bill that ensures some commonsense protections, access to emergency care, access to specialists, and a strong internal as well as external appeals process.

We need to keep medical decisions in the hands of doctors. We have to ensure that managed care entities are held legally accountable for administrative decisions that affect patient care and well-being. Protections are extremely important to restoring a sense of security and control to managed care enrollees and their doctors.

The protections in this bill are being debated on the Senate floor, but they are also being lobbied furiously in the halls of Congress. Some of the most powerful and influential interest groups in this country have a huge stake in seeing this bill fail, while others want it to succeed.

Last week, I announced on the floor that from time to time I will point out the role of special interest money in our legislative process. I call it the 800-pound gorilla sitting in this Chamber every day that nobody talks about, but that cannot be ignored. I said I will start calling attention to this gorilla more often through an effort that I have dubbed, "The Calling of the Bankroll," where I discuss how much money different interests lobbying a particular bill have made in campaign contributions in order to influence our work in this Chamber.

I can't think of a better issue than managed care and the future of managed care to once again call the bankroll.

Let me give four quick examples. One, the managed care industry: What does it want? The managed care industry wants to prevent any further regulation of the industry, and it doesn't want to be held liable when administrative decisions and policies affect the health, or even the very lives, of patients.

What did managed care give? During the last election cycle, managed care companies and their groups made more than \$3.4 million in soft money, PAC and individual contributions. This is roughly double what they spent during the last mid-term election cycle of 1993–1994. Their contributions keep increasing.

A second example is the pharmaceutical industry. What do they want? They have a big interest in the kind of drugs managed care patients have access to.

What did they give? Behind their point of view is the weight of at least \$10.6 million in PAC and soft money contributions. That is how much the pharmaceutical and medical supplies industries gave during 1997 and 1998.

A third example: The doctors, the AMA, what do they want? Of course,

doctors have an interest in seeing managed care reform. They want to eliminate restrictions on doctor-patient communication. More broadly, they want to prevent managed care companies from exerting further control over the way they practice medicine.

What did they give? The AMA made significant PAC and soft money donations during the last election cycle, more than \$2.4 million worth.

A fourth example: Organized labor, what does it want? It is a strong supporter of the Patients' Bill of Rights. Unions are also major campaign contributors.

What did they give? The AFL-CIO alone gave parties and candidates close to \$2 million in 1997 and 1998.

I am sure there are other interests that should be included on this list. I urge my colleagues to come to the floor and add to this list so there will be as full a picture as possible of the money behind and against this piece of legislation. I think it is relevant to what is happening on the Senate floor.

Why should Americans care? While many Americans rightly worry about the quality of their health care, I believe the quantity of campaign contributions that may affect that care should also be of serious concern. The huge quantity of campaign contributions influences the very terms of the health care debate itself, how health care is discussed, and whether some health care issues are even discussed at all.

Wouldn't it be better if the public could have confidence that we are deciding crucial issues such as the rights of Americans covered by managed care, without the shadow cast by campaign contributions, without the 800-pound gorilla sitting here on the floor?

I thank my colleagues for the opportunity to call the bankroll on this issue. Information about campaign contributions should be easily available to my colleagues and to the public to clearly demonstrate the connection between what the wealthy interests want in Washington and what the average American gets on Main Street.

It is time to debate, amend, and come to conclusion on a Patients' Bill of Rights. These are health care issues with real consequences for ordinary Americans at the doctor's office, the pharmacy, the emergency room, and the admitting desk.

We have to ask: When your critically ill child needs to see a specialist, do you want to think that laws affecting decisions on care are influenced by campaign contributions or have been made based on a thoughtful, reasoned debate.

I think the American people deserve better than this. Until we have campaign finance reform, our debate on crucial issues such as health care is going to be carried out under the shadow of these huge amounts of money and the influence that so many Americans are convinced they wield.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I ask unanimous consent to be recognized in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. I thank the Senator from Wisconsin, the Senator from New York, and so many others who have come to the floor this morning and early this afternoon to talk about the Patients' Bill of Rights. For those who may not be familiar with the term, it is an effort to pass into law protections for individual Americans and their families when they have to deal with an insurance company.

The Rand Corporation tells us that 115 million Americans have had a bad experience with a health insurance company, or they know someone who has—perhaps someone in their family. Those bad experiences run the gamut of being denied access to the doctor you want to go to, being denied access to a specialist in a case where you think one is necessary, or medically necessary in the view of another doctor, being unable to go to the emergency room closest to your home because your policy said no, you have to go across town or perhaps to another location for the emergency room in another hospital, dealing with a doctor who may not be able, under the terms of his contract, to even tell you what is best for you medically, having doctors who are losing out in the debate with bureaucrats at health insurance companies.

One doctor in Joliet, IL, frustrated with the voice on the other end of the telephone at the insurance company who kept saying no, no, no, every time this doctor told the insurance company what the insured patient needed, finally said to this voice: Wait a minute, are you a doctor?

And the voice said: No.

Well, are you a nurse?

No.

Are you a college graduate?

Well, no.

Are you a high school graduate?

Yes.

What gives you the authority in this insurance company to overrule my medical decision?

She said: I go by the rules—the rules of the insurance company.

Rules, frankly, that are driven not so much by the need for quality care but by the bottom line.

The health care system in this country is in a state of crisis. The question is whether this body, the Senate, which is supposed to be the most deliberative body in American politics, will even consider the issue. We are now tied up in knots over whether we can debate this issue. Isn't it ironic. The argument made by the Republican side is, we do not have time to debate this issue. Time? It is 1:30 in the afternoon. We spent the entire morning talking about this issue. Why don't we spend this time actually debating the issue? Let

the Republicans put their best plan forward, let us put our plan forward, and let's vote. That is what this body is supposed to be about—not ducking and weaving and avoiding the issue but facing it. That is what it is about.

I stand by the Democratic Patients' Bill of Rights. I think our approach is a better approach. It includes a lot of provisions that, frankly, just make sense to most people.

First, doctors should make medical decisions, not insurance company bureaucrats.

Second, if you need a specialist and your doctor says that is the best thing for you or your baby, you have access to that specialist.

Third, if you are a woman and believe your primary care physician should be your OB/GYN, whom you are confident in dealing with, you have that right.

Fourth, if the insurance company makes a bad decision—if the insurance company denies you care, overrules your doctor, sends you home—you have a right to hold that insurance company accountable.

Let me be honest about what that means. It means the possibility the insurance company might have to go to court. The Republican side of the aisle just says, oh, you are not for health care; you are for more litigation; you want more people in court.

No. But I can tell you, every American, every American company, is subject to that same rule except health insurance companies. They have an exception in the law. You cannot sue them for anything more than the cost of the procedure.

This Senator and everyone in the gallery and all listening will be held accountable for their actions. If I did something so foolish as to drink and drive and hurt someone, I would be hauled into court. I should be. That is something you expect in America. If you ask businessmen, they say: Yes, if we sell a product that is defective and we hurt someone, we are going to be held accountable. But health insurance companies are not held accountable. They make life-and-death decisions, and the Republicans in their so-called Patients' Bill of Rights do not want them to be held accountable. They think insurance companies should be above the law, the only businesses in America above the law. I don't think that is right.

The provisions in the Republican version, as opposed to the Democratic version, leave 115 million Americans behind. Who is involved in that? If you happen to be a farmer—and I come from an agricultural State, Illinois—you are not going to get a protection from the Republican version of the bill, only the Democratic version. If you happen to be a small businessperson, self-employed, you have no protection in the Republican bill. There is protection in the Democratic bill. State and local employee? Same story.

Why would we do that? Why would we write a law saying we respect the

rights of individual Americans in dealing with their health insurance company—unless they happen to be small businesses, unless they happen to be farmers, unless they happen to be the local policemen we rely on for safety in our community? This is worthy of a debate.

I think the Republicans would want to stand up and defend their point of view and let us defend our point of view. Then vote. But that is not what has happened. For 2 weeks we have talked about debating. For 2 weeks we have been here day after day asking for recognition on the floor to talk about this issue, because the Republican leadership does not want to face a debate and does not want to face tough votes, votes that may be hard to explain back home.

I have quoted him before and he is worthy of another quote, a former Congressman from Oklahoma named Mike Synar, who used to say to squeamish Congressmen when a tough vote was coming: If you don't want to fight fires, don't be a fireman. If you don't want to cast tough votes, don't run for Congress.

That is what we are here for, to do the best we can, debate this, and come up with a law that is good for America. Maybe we should bring in some of the better provisions from the Republican side, some of the better provisions from the Democrat side, and put forth a bill that will help the families in this country. But we have been stopped in our tracks. The leadership on the Republican side refused to give us that opportunity.

We tried yesterday, incidentally. We had an effort to amend the agriculture appropriations bill. You say, What does that have to do with health care? Well, people who live in rural areas are concerned about health care, but it was an available bill on which to try to bring up this issue. When we tried, we were stopped again. A vote to table that effort, to stop the debate, to stop the amendments prevailed.

I have here a story, which I am sorry I will not have time to tell you, about Michael Cahill who lives in my home State, in Chicago, IL. It is a long, sad story. Michael had dizzy spells and went to a doctor who thought it might have been an inner ear problem. He was sent back and forth. Finally, he was referred to a neurologist who performed a CAT scan, and 3 years after the symptoms began, they determined he had multiple sclerosis, and then the insurance company said: You have to go back to the original doctor who did not diagnose it properly.

He went through a period—this goes on for pages—of fighting his insurance company. This is a man who comes to realize in his adult life that he has a serious medical illness, one he worries about. He worries about its effect on him and his family and his future. Instead of just fighting the illness, he is fighting the insurance company at the same time.

I wish this were an isolated story. It, unfortunately, is a story that has been repeated time and again. It is a story which reflects the reality most Americans now face when it comes to health insurance.

We only have a limited time left this week and next before we break for the Fourth of July. I am sure there will be many important issues we will consider. But I will bet if I went back to Chicago or any part of Illinois, my hometown of Springfield, and started asking people: What really concerns you? What could we do on Capitol Hill that might have an impact on your life?—if I brought up the issue of health insurance, my guess is a lot of those people would say, Can you do something about this? Are your hands tied? Can the Senate really act on it?

The answer is, we can do a lot. There was a press conference this morning by the women Senators who came forward and talked about some of the terrible things that have occurred in the treatment of women receiving these so-called drive-by mastectomies, where women literally have mastectomies and, under the insurance policies, cannot stay in the hospital overnight. A lot of State legislatures are changing the law in their States, but federally this should be a standard we all agree to, that people can stay in the hospital long enough for a good recovery.

Clinical trials are another real concern. Clinical trials are opportunities for medical researchers to come up with new cures. But, of course, they are not the most cost-efficient things. It takes extra time to try to find the patients who are appropriate for the test, get their permission, go through the testing and procedure, and a lot of health insurance companies say: We cannot be bothered by that. It is the bottom line. The longer they stay in the hospital, the worse for us.

But think about it. How can we expect to develop the cures we need in this country, the important things that challenge us and our families, if we do not have that? So we want to make certain clinical trials can still go on as a result of health care in this country.

Let me return for a moment to one of the basic frustrations that seems to attack the medical profession. I spoke to the Illinois State Medical Society a few weeks ago. It was an amazing experience, because as they started to ask questions afterwards, a lot of the questions circled around the question whether or not, as doctors, they could form a union. You know, there was a time if you said the word "union" in the presence of doctors, they would say: Wait a minute, we have nothing to do with that; that's some other group of people.

Why are doctors talking about forming unions or associations now? Because they have to have the power to bargain with the health insurance companies. Otherwise, they are being treated as employees and denied their professional rights, rights which they have

earned with their education and their licensure.

It is an indication, too, of a concern I have that unless we change the way health care is managed in this country, fewer and fewer women and men will go to medical school. They will opt out of the opportunity of being health insurance company employees or servants and try something else. That is something that is not good for America if it occurs.

I can tell you if I am on a gurney in a hospital needing medical care and I look up into the eyes of that doctor, I want to see the best and the brightest. I will be praying that doctor was top of the class, the No. 1 graduate. I do not want someone who thought about this as a second option in their life, if they ever could.

I am afraid if this debate does not take place, if health insurance does not change, we could jeopardize the possibility of having the kind of men and women we want going to medical school and certainly jeopardize our ability, as individuals and members of families, to have health insurance and health care that we really can count on.

When Americans are asked across the board about their concerns, what they would like to see us work on, they tell us over and over: Take the decisions out of the hands of the health insurance companies and give them back to the doctors and medical professionals.

That is what this debate should be about. This empty Chamber should be filled with 100 Senators, Democrats and Republicans, debating this most important issue. Instead it is empty. We give these speeches calling for the issue to come before the Senate, and we are told by the other side we cannot; it would take too much time. And the clock continues to tick.

We have the time. The question is whether or not we can summon the courage to address an issue which, frankly, is controversial. On one side, the Democratic Patients' Bill of Rights has some 200 different organizations endorsing it. Doctors and hospitals, consumer groups, children advocacy groups, labor, business—all endorsing the Democratic plan. On the Republican side, their plan is endorsed by only one group, but it is a big one—the insurance companies. They do not want to see this changed. They are making a lot of money.

It goes beyond money. It goes to a question of quality of life for America's families. We had a similar debate just a few weeks ago, a debate that really followed the tragedy in Littleton, CO, when families across America and individuals stopped to ponder whether or not it was safe to send their kids to school anymore. It wasn't just Littleton, CO. It was Conyers, GA; West Paducah, KY; Pearl, MS; Springfield, OR; Jonesboro, AR; and maybe your hometown is next.

Finally, after a week of pointless debate, we came down to a sensible gun

control bill that was enacted only when Vice President GORE cast the deciding vote. Six Republicans and 44 Democrats voted for this bipartisan plan. It was sent to the House of Representatives and, unfortunately, there the National Rifle Association prevailed. The bill was basically defeated, and the opportunity for sensible gun control was lost.

I hope we have another chance in this session. I hope we have a chance to address not only gun control but the Patients' Bill of Rights, an improvement in the minimum wage in this country, and doing something about the future of Medicare—these things I believe are the reason we are here. It is the agenda with which most American families can identify—doing something about our schools to improve education. Instead we seem to be caught up in a lot of other issues that are at best only secondary. It is time to move to the primary agenda and the primary agenda is the Patients' Bill of Rights and that is what this Senate should be considering.

I thank the Chair for the opportunity to speak in morning business. I hope that as I end my remarks and we go into a quorum call, which is really a time out in the Senate, that all those who watch this quorum call will ask the same question: Why then, during that moment in time, isn't the Senate even talking about or debating the Patients' Bill of Rights? Why isn't that bill on the floor? Why aren't the Senators of both parties offering their best suggestions on how to improve health insurance in America?

Sadly, that has not happened. I hope it happens soon, and the sooner the better. I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER (Mr. VOINOVICH). The Senator from Massachusetts.

Mr. KENNEDY. I understand we are in morning business until the hour of 2 o'clock.

The PRESIDING OFFICER. The Senator is correct.

Mr. KENNEDY. Is there a limitation of 5 minutes or 10 minutes?

The PRESIDING OFFICER. There is no limitation.

Mr. KENNEDY. Mr. President, I yield myself such time as I may use.

#### PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, I join with my friend from Illinois and others who have spoken before the Senate on the issue of the Patients' Bill of Rights, which, translated into layman's terms, means legislation that will give assurance to all Americans who are fortunate enough to have health insurance policies that medical decisions are being made by trained professional medical personnel and not by insurance company agents.

That is the underlying concept of this legislation, as has been pointed out during the course of the morning

with the examples that have been given, and there are scores more. If we get the chance during the debate on the provisions, hopefully later in the afternoon, we will be able to review the various protections that we are attempting to achieve and why they are important to the children and families of this country.

Under the Republican program, there is a guarantee of getting direct access to a pediatrician for a child, but if that child has cancer, there is no guarantee the child will see a pediatric oncologist. Or if one has a disability, there is no guarantee that person will have access to the needed specialists. The guarantee they will have the best care available is important to patients, and there is no country which has better quality health care.

We have a challenge nationwide regarding access to health care, and we have a challenge nationwide in terms of the cost of health care, particularly in a number of different areas. One that comes to mind now is the issue of prescription drugs. We are going to have an opportunity, hopefully in this Congress, to address that issue.

On the issue of what we call quality, meaning that patients are going to get the best health coverage in terms of recommendations made by the professionals who have been trained and who have a wealth of experience in this area, we are trying to make sure that every medical decision will be based upon sound and meaningful medical teaching and experience.

That is the heart of this legislation. It is very important we get this kind of protection. Otherwise, we will continue to have today, tomorrow, and the day after tomorrow the tragic circumstances we have experienced and are being experienced in communities and towns all over this country.

Earlier in the day, we had some important statements and speeches by our colleagues. Senator FEINSTEIN talked about a provision making sure every health insurance proposal has as its basis of treatment the best in terms of medical necessity. The best that is available will be the standard used in providing treatment for individuals.

I took some time earlier today and illustrated how different health insurance programs have different definitions. Sometimes a definition works to the advantage of the HMO and works to the advantage of the insurance company but to the disadvantage of the individual. Such a definition can even threaten the life of that individual.

It may be favorable to the HMO regarding its bottom line financially, but it certainly is not favorable to the patient. We ought to be about the business of doing what is important for the patient.

Senator FEINSTEIN has talked about this issue very eloquently and persuasively today. That certainly would be an area that we ought to be able to debate and discuss. I do not believe we have that kind of standard with the

language which is included in the provision being advanced by our Republican friends.

It is not only my opinion that this is important, but it is the opinion of the health practitioners in this country—the doctors, the American Medical Association, the nurses, the various specialists. They are concerned that the Republican proposal does not provide a good standard to protect the health and safety of children, of women, of patients in our country.

We ought to be able to debate that issue. It is a very important issue. Senator FEINSTEIN has spoken eloquently about that particular problem. But we cannot. We are virtually prohibited from being able to do so. We cannot even get this measure up. We were told yesterday to either take the whole package or we were not going to get anything at all. That has been repeated time in and time out. There appears to be the continuation of that policy now by the Republican leadership—delay and deny, delay and deny.

Then later we had the excellent statement that was made by our colleague and friend, Senator MIKULSKI, who was talking about the importance of the kinds of protections that are guaranteed in our Patients' Bill of Rights, particularly with regard to women and children.

She very eloquently pointed out how these gatekeepers who are part of these HMOs—the gatekeeper being the person who ultimately dictates to the doctor what they can effectively prescribe in terms of treatment and in terms of medicines—makes those medical judgments and decisions. That is what is happening out there; and that is startling.

People can say, well, that really isn't happening in America. It is happening. We have given examples of the devastating results that occur as a result of that kind of interference. She illustrated the importance of having those kinds of specialists who are particularly trained and understand the particular needs of women and children.

She talked from her own personal experience in a very significant and important way about how she had a gallbladder operation and was able to stay in the hospital in order to recover. But if a woman had a mastectomy—and she used the word "amputation" because she said that is what a mastectomy is—she would still be required to leave the hospital that same day. She reminded us about the unsuccessful efforts we made in the committee to try to alter and close that gap in the Republican bill. It makes no sense how those efforts were defeated.

It seems to me we ought to be able to have some debate. I do not think that issue would take a long period of time. I thought that Senator MIKULSKI, in about an 8- or 10-minute presentation, made a presentation that was powerful and convincing and compelling.

Maybe there is a good argument on the other side. We certainly have not